

# THE ULSTER MEDICAL JOURNAL

PUBLISHED ON BEHALF OF THE ULSTER MEDICAL SOCIETY

VOLUME 44

1975

No. 2

## THE HISTORY OF THE CHAIR OF MIDWIFERY AND GYNAECOLOGY IN THE QUEEN'S UNIVERSITY OF BELFAST

by

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IN 1835 a Medical School was established at the Royal Belfast Academical Institution and in 1837 it was recognised by the Faculty of Physicians and Surgeons, Glasgow, the College of Surgeons, London, the Apothecaries Hall, Dublin and the College of Surgeons, Dublin. Dr. Robert Coffey was appointed Professor of Surgery but left to go to Dublin without ever giving any lectures. He was succeeded by Dr. Thomas Ferrar who also resigned before giving any lectures and was followed by Professor Coffey. The appointments of Thomas Andrews to the Chair of Chemistry, James D. Marshall to that of Materia Medica and Pharmacy and Robert Little as Professor of Midwifery and Diseases of Women and Children completed the establishment of the Medical Faculty with Professor Drummond, the Professor of Anatomy, as first President.

The clinical experience provided for the students was such that it was thought possible for them to be accepted for examination for degrees at London University. It is stated "the students of midwifery have had an unusually large number of cases to attend". In John Jameson's History of the Royal Belfast Academical Institution it is stated "There was momentary embarrassment when it was found that Dr. Little, Professor of Midwifery, was issuing certificates to his students on his own responsibility, thus by-passing the Faculty, and that some students were proposing to use these certificates as Diplomas entitling them to set up in practice. However, the resignation of Dr. Little shortly after saved the situation".

Between 1836 and 1849 when Queen's was established the Medical School turned out about 600 students (Jameson).

Dr. Burden was the only child of a Dr. Henry Burden and was born in India in 1798. On the death of his father and mother, when he was twelve years old, he came

to Belfast to live with his aunts, the Misses Burden. After being apprenticed to business he gave this up and studied medicine under Dr. McDonnell in the Old General Hospital. He then proceeded to Glasgow where he gained his M.D. and returned to Belfast about 1830. For a short time he practised in Newry, but in 1833 he settled in Belfast and was appointed to the staff of the Lying-in Hospital in 1837. When Dr. Little retired in 1840 he was succeeded by Dr. Burden. His appointment to the medical staff of the Lying-in Hospital in 1837 had an important bearing, not only on the Hospital, but also on its future association with the School at the Academical Institution and the Queen's College, when the latter was founded in 1849. In the annual report of the Hospital in 1839 it is recorded "that during the absence of Dr. Burden on a professional tour, on two occasions Dr. Stephenson and Dr. Andrews took charge of the Hospital." It is more than likely that the occasion of the "tour" was to ascertain the teaching arrangements and facilities in other medical schools and Hospitals and to further his candidature for the Chair should it become vacant. In 1849, on the opening of the Queen's College, the Institution closed its medical school, and Professor Burden was one of the medical professors who was successful in obtaining a Chair in the new College.

At this stage the medical curriculum only extended over four years, and an ordinance of 1852 arranged that the lectures on Midwifery should be given on four days per week for six months and, in addition, the candidates must have attended "Practical midwifery at a recognised Midwifery Hospital, with the clinical lectures therein delivered, for a period of three months, in a hospital containing not less than thirty beds; or six months in a hospital containing not less than fifteen beds." It is perhaps difficult nowadays to appreciate what an advance the above regulation envisaged and what it would actually have meant had it been supported by legal means. At that time the General Medical Council had not been established. The Medical Act doing so was not passed until 1858. Although the Irish Medical Schools demanded the requirements for practical training in Midwifery mentioned, it was not until 1886 that a new Medical Act was passed, and for the first time Midwifery is mentioned as a necessary subject for qualification. Up to this, it was possible in some English medical schools to qualify without being examined in Midwifery, and no practical course was required or enforced.

Dr. Burden's curriculum for his systematic lectures is given in Figure 1. He also had instructions for his practical class, of which only one copy remains in existence (Figure 2). Professor Burden instructed his students to visit their patients weekly before delivery. Had he mentioned the importance of this visit and the necessity for testing the patient's urine, he would occupy the position in obstetrics now associated with the name of Ballantyne. The curriculum contains no reference to gynaecology, but one must remember that gynaecology as a separate subject had only celebrated its seventh birthday in 1852 and as such was not yet generally recognised.

Up to 1855 Professor Burden was the only recognised member of the staff of the Hospital, but having secured the admission of medical students he next proceeded to advocate the appointment of additional members of staff. Reference to this achievement is made in a letter which has fortunately been preserved and the following quotation is taken from this letter:

# MIDWIFERY

PROFESSOR WILLIAM BURDEN, M.D.

*Lectures four times a week, during the winter months, consist of the following subjects:—*

Anatomy of the Pelvis, so much as is required for Midwifery.  
Its measurement and pelvimeters.

Contents of the Pelvis. The functions of the Uterus in its virgin state.

Conception—Length of Gestation—Changes of the Uterus and its appendages during Gestation.

Growth of Child from its earliest seen form until its full Parasitic size.

Graafian Vesicle and Corpus Luteum. Foetus, its Circulation, Signs of Maturity, Weight and Length.

Plural Births.

Proportion of Births and Deaths of Males to Females.

Superfoetation.

Signs of Pregnancy.

Signs of approaching Labour.

Natural Labour, its Progress, also Positions and Progress of Child till its separation from its Mother.

Management of Normal Labour, including the arrangement of the bed and bedroom, and the proper Dress and Posture of the Patient.

Tedious Labour, its Causes and Treatment.

Labour requiring the use of Instruments; their application taught on Models in the Class.

Caesarean Section and Sequelae Operation\*—How to prevent the Foetus getting large in the Uterus.

Premature Labour—How to bring it on, and when it is necessary to do so.

Cross Births and their Treatment.

Abortion—How to Prevent it.

Extra Uterine Foetations—How they occur, and their Treatment.

Management of Women after Delivery, and Treatment of such Accidents and Diseases at this period.

Management of Children after Birth, Washing, Dressing, Food, etc., and the choice of a Wet Nurse, and the Treatment of such accidents as take place at this period, or soon after.

Practical Midwifery taught by Pupils attending Patients in their own houses and in the Lying-in Hospital.

\* Sigaultean operation.

Queen's College, Belfast.

PRACTICAL MIDWIFERY CLASS.

IN CONNEXION WITH THE LYING-IN HOSPITAL,

UNDER THE SUPERVISION OF

Professor BURDEN, Master, Lying-in Hospital;  
Doctor PIRRIE, Attending Physician, Lying-in Hospital; and  
Doctor HENRY BURDEN, Demonstrator of Anatomy, Q.C.B.

A STUDENT is to attend to any patient placed under his care; if not in labour, to give her his card with his name and address, and that of his associate, legibly written thereon.

To visit his patient once a week, or as often as necessary, and to mark the date of each visit on the recommendation paper.

He must to arrange as to be always easily found when sent for; if unavoidably absent, to provide a substitute.

Any Student consenting to take another's place, shall be held responsible during his attendance.

When called on to attend, to take his associate with him, or, in his absence, some other Student of the Class.

In any case of *danger, difficulty, or doubt*, immediately to send for

DOCTOR PIRRIE, 5, FISHERWICK PLACE; or,

DOCTOR HENRY BURDEN, 10, ALFRED STREET.

After confinement, the patient is to be visited every day, for at least eight days.

As soon as visits have ceased, the paper, accurately filled up, is to be returned to Professor BURDEN, 10, Alfred Street.

To enter every case attended during the course, with the name of the patient, and when and where confined, in a case book, which must be shown at the close of the session to the Professor; if this be not done then, the number of cases attended shall not afterwards be inserted in the certificate.

Infringement of a rule, or misconduct, visited by fine, suspension, or expulsion.

DIPLOMA.

EXAMINATIONS are held on the first convenient day, on or about the 25th April and the 25th October of each year.

Candidates must have attended a course of lectures, and six months' practice given, by the Professor of Queen's College, Belfast; and must have their names entered at the time fixed by the Professor, when he announces the day, hour, and place of examination.

Fee One Guinea, which will not be returned if candidate should be rejected, but another examination may be had at either of the two following terms, without a charge. For every subsequent examination, the usual fee will be required.

If any person, qualified as stated above, should apply for an examination at any other than the stated periods, he may have it, if convenient to examiners. The Fee in such a case is Three Guineas.

Gentlemen should secure the Certificate and Diploma at the end of their respective sessions.

The Examiners will have the names of Gentlemen who have obtained the Diploma, inserted in at least one of the local newspapers, soon after examination.

FIG. 2

“In the following year (1853) a deputation of medical men awaited upon the ladies, and represented that it would improve the position of the Charity and make it more generally known and useful, were the ladies to permit them to join and lecture to students in attendance.”

Following this, a medical staff was formed composed of: —Professor W. Burden, described as Master, Dr. R. F. Dill, Dr. J. M. Pirrie and Dr. A. G. Malcolm as secretary and registrar.

The advent of a medical staff and medical students produced a reaction from various quarters, first, from the Charitable Society, the ground landlords of the Hospital. The ladies who founded the Hospital were granted the plot of ground on which the Hospital was built free of charge on condition that it was not used for any other purpose. The Charitable Society now claimed a rent of fifteen pounds per annum on the grounds that, having converted the Institution into a training school for medical students, they were using the Hospital for a purpose for which it was not intended. The managers of the Charitable Society stated that “they have no wish to make a profit out of the Hospital, but will not allow others to do so.”

That the feeling against the admission of medical students was intense is shown by the following letter written by Bishop Knox, then Lord Bishop of Down, to the then secretary of the Hospital: —

“Madam,—In reply to your letters soliciting Mrs. Knox’s subscription to the Lying-in Hospital I think it right to mention that I consider that Institution has quite altered its character since Mrs. Knox sub.: and I am borne out in this view by a long discussion we had on this subject at the Charitable Society last Saturday. I now find it is a Medical School where students may pay fees for instruction and it is more of a private speculation than a free Institution. Under these circumstances I would require further information before I ask Mrs. Knox to sub.

I am, yours truly,

R. B. Down

The contractions are the Lord Bishop’s and in spite of his narrow-minded retrogressive attitude, we are indebted to this prelate because his short letter drew from the ladies a reply which covers six pages of closely written foolscap of great historical value including the following: —

“We shall now state a few of the advantages we feel the Hospital derives from its connexion with a medical staff and attendant students. In the first place we have the *constant* and unpaid attendance of one of the Medical Staff which is a very great advantage, indeed we know that it was owing to the skill and attention received from these medical men that several poor women’s lives were saved during the past three years, then the Students who attend have been most kind and attentive at all times to the poor, and when there could not be an efficient nurse procured, their attendance was of the greatest importance.”

The ladies had accepted a medical staff and students against their wishes, but when they found that the Charitable Society wished to force them to dispense with what they had acquired they, assisted by Professor Burden, fought the Society tooth

and nail. The dispute was ultimately settled by the Hospital paying an annual nominal rent of £3.3s. However the Charitable Society did not forget this incident, as in 1900 the Society took a High Court action to evict the ladies from the site.

Now, although these ladies had professed such kindly feelings for the medical staff and students while defending *themselves* in public against the Charitable Society, they did not show the same gratitude towards them in private, for, in 1858, they wrote a letter to Professor Burden demanding an annual payment from each member of the staff for the privilege of attending the Hospital.

The medical staff objected, "as (in their own words) we had no idea that, after having so long attended the Hospital we should now be required to pay for attendance." They stated that if the ladies persisted in this attitude, "we must try to get from each student who may hereafter attend the Hospital, half-a-guinea extra." Robbing Peter to pay Paul!

The reply to this was as usual very lengthy, and included the following passage: —

25 Chichester Street,  
Jany, 31st, 1859.

"My Dear Sir,—I read your letter of the 31st ult. to the Ladies who met at the Hospital on Monday, 3rd inst., and in reply I have been instructed to say that they feel it to be their duty as Trustees for the funds of that Charity, to insist upon the payment of a small sum by each student who receives the accommodation of the Hospital.

"The very small sum which they now demand will not cover the additional expenses for coal and light, not to speak of the losses in subscriptions which they have met with in consequence of admitting the Medical Men and Students, and also the additional trouble and expense incurred by cleaning after them.

"In consideration of these things, the Committee feel bound as Trustees to guard the funds from being encroached upon or diverted from their legitimate object, which is the relief of poor women, and the Hospital being founded for that object alone, it cannot be considered as a proper disposal of the funds to expend them for the accommodation of Medical Students who cannot in any way be regarded as objects of charity."—and so on for three more pages.

At this period the training of nurses for maternity work was in chaos. The fully-qualified midwife, as we know her today, was non-existent, and the majority of cases only received the attention of a "handy woman," who attended cases by virtue of the fact that she probably had had several children herself and had been present at the confinements of many of her neighbours. Those who took the trouble to acquire any training in a maternity hospital were in the minority, and practised by virtue of a certificate presented by the hospital in which they were trained. There was no Central Examining Body until 1905, although the London Obstetrical Society granted a diploma by examination from 1872.

The Belfast Lying-in Hospital had for a short period before Professor Burden's regime admitted women for training, but this arrangement had lapsed. Owing to frequent appeals from doctors in the city for properly trained midwives, Professor

Burden had evidently tried to have the training of midwives revived, but it would appear from a letter that he had been unsuccessful. He was not prepared to confess defeat, so he admitted a Mrs. Hamil for training with the status of a medical student, charging her a student's fee and giving her private tuition as "she had to be instructed alone."

The two letters in existence concerning this incident are amusing, especially as one of them was written by ladies about a member of their own sex.

The ladies, while allowing the nurse to be admitted, objected to this step on two counts. First, they stated that "It was with considerable reluctance that the Ladies revived the old custom of admitting nurses into the Hospital, as it had generally been productive of great annoyance." Secondly they regarded the charging of a students' fee as an imposition and the private tuition as unnecessary "When they know it is impossible a woman could require or would be capable of receiving so much instruction."

Professor Burden's reply consisted of a very dignified, but nevertheless pointed endeavour to tell the ladies to mind their own business.

The incident reveals the pertinacity of Professor Burden, but in spite of this, it was not until 1879 that the training of nurses was regarded as one of the necessary and important functions of the Hospital—a function to which the ladies on many occasions refer with pride.

Professor Burden by this action had done two things. First, by charging a students' fee he was endeavouring to secure a better type of nurse for the work than had hitherto been possible; and secondly, he had instituted lectures to midwives, which have continued since in spite of the ladies' opinion that women would be incapable of receiving so much instruction.

It will be noted that Dr. Burden mentioned that the nurse had to be instructed alone. This refers to the fact that she could not attend the clinical lectures to students which he had instituted in 1857. In one of the two medical reports of this period it is noted that "Clinical Lectures were delivered weekly by Drs. Pirrie and Dill, and at the end of each Session, all the attending Students received certificates for regular attendancy at Lectures and assiduous attention to both intern and extern practice."

Professor Burden retired from the Chair in 1867, although his name appears in connection with the Hospital until 1869. During his eighteen years as professor he accomplished much in the face of narrow-minded opposition. He secured the admission of medical students and nurses to the Hospital, arranged and supervised their training, instituted a visiting medical staff, and attempted to procure a type of government for the Hospital which was only defeated by the machinations of the Charitable Society. His type of control in its essentials was that adopted by a later authority in 1901. In spite of his great achievements, he was allowed to retire from the Hospital without a single note of regret only a simple statement that he had removed from Belfast. The president of the College at the time went one better, and did not even mention that he had retired!

Following the retirement of Professor Burden, Professor R. F. Dill was appointed

Professor of Midwifery. Professor Dill, a son of the manse, belonged to a distinguished Ulster family to which a wartime Chief of Imperial Staff, General Sir John Dill, and an Ulster Minister of Home Affairs, Sir Dawson Bates also belonged. He was born in Castlefin, Co. Donegal, and for a short time practised with his uncle, Dr. Marcus Dill, in Limavady. He had qualified in Glasgow, and perhaps his inclination towards an obstetric career may have been influenced by the fact that he was, at one stage, associated with Sir James Young Simpson of chloroform fame.

In 1881 the Ulster Hospital, then situated in Fisherwick Place, decided to devote ten beds to the diagnosis and treatment of diseases of women and to appoint a midwife for domiciliary midwifery. A Dr. Elder and Dr. Spedding were to take charge of gynaecology and to collaborate with four dispensary doctors, Torrens, Clements, Wadsworth and Coates, for midwifery. Professor Dill, who held the Chair of Midwifery, joined the staff in a consulting, but most active, capacity. There were no maternity beds in the hospital but the midwifery was taught in collaboration with the four dispensary doctors mentioned. The dispensary doctors were allocated two students each and their training was carried out under the overall supervision of Professor Dill. Professor Dill at this time lived in Fisherwick Place, and therefore was in close contact with the hospital.

When one thinks of the amount of work involved in his University lectures, his civic duties (because remember riots were common in Belfast during this period, and during one of them he lost an eye), and his extensive general practice, it is surprising that he lived to the ripe old age of eighty-one, having held the Chair for twenty-six years.

During this time the Hospital passed through a phase when its position in the eyes of the public and also of the medical students generally deteriorated. I venture to suggest that an important factor in this loss of prestige was that the Hospital had ceased to have any official connection with the College, although it was still a recognised training school.

Professor Dill had no connection with the Hospital during the years he occupied the Chair, and since his successor, occupied the Chair for nine years before he was appointed to the staff in 1902—for thirty-four years (1868–1902) the Hospital and College were not professionally allied.

In 1893 Professor Dill died. This was the centenary year of the Hospital, and the name was changed from the Belfast Lying-in to the Belfast Maternity Hospital and remained so until 1900, when, in order to obtain legal status, the name was again changed to the Incorporated Belfast Maternity Hospital.

On the death of Professor Dill, Dr. John Byers was appointed to the Chair. Professor Byers, like his predecessor, was a son of the manse, and his association with educational establishments was hereditary, as his mother was the founder and first principal of Victoria College, Belfast. He had many interests outside medicine, and his main hobby was the study of the Ulster dialect. In a paper on this, he pointed out that in 1887 for an Englishman to read Shakespeare, he would require a glossary of two thousand words, whereas an Ulsterman would only require a



glossary of two hundred words, as so many Shakespearian words were in constant daily use.

Professor Byers held the Chair for nine years before being appointed Junior Assistant Physician in 1902. His appointment to the staff was not unopposed and he was only allowed to take part in the extern duties of the Hospital, and then only in alternate months. This meant that he attended the Hospital for only six months of every year, and had no facilities for giving instruction to medical students on midwifery in the Hospital, as the extern department of which he had charge only saw gynaecological patients. The only occasions on which it was possible for him to give practical instruction to his students was when summoned to emergencies on the Hospital district.

In the year 1900, the Charitable Society again raised its head and attempted to evict the Ladies' Committee. In view of this dispute it was decided to rebuild on a new site. After various sites had been considered, it was decided by the Board of Governors to build in Townsend Street. The Hospital there, later occupied by Melville Ltd., a firm of undertakers, was opened for the reception of patients on 7th November, 1904; it cost £9,682 and contained twenty-six beds. This site was chosen against the wishes of the medical staff, and finally, having raised their objections, they seem to have washed their hands of the scheme. One must remember that at this stage the active medical staff, even though it had as one of its members the professor of midwifery, had no representative on the governing body. From the minutes of the time one gathers that the medical staff was regarded as a necessary encumbrance of the Hospital, and some of its members were occasionally allowed to "wait upon" those who controlled it. In the matter of the site their advice was not taken.

It was not until 1904 that a resident house-surgeon was appointed, and then only after repeated appeals by the medical staff. The first house-surgeon was Dr. Massy Burnside, who became a well known practitioner in Belfast. The post was entirely unpaid for many years.

In 1907 the house-surgeon was Dr. C. G. Lowry, who is distinguished by the fact that he is almost the only house-surgeon who is *not* mentioned in the medical report as having given "entire satisfaction." His reforming activities, even at this stage, must have disturbed the equanimity of the Hospital.

It was not until the year 1908 that Sir John Byers was allowed to take any official part in the wards. This was after some pressure by the Board of Governors and was only temporary. It is therefore easy to explain why the attendance of students at the Hospital gradually diminished from the beginning of the century until in 1918 only £2. 1s. 9d. was received as students' fees.

On the death of Sir John Byers in 1920, the Chair of Midwifery and Gynaecology was divided, Dr. C. G. Lowry (Figure 3) being appointed Professor of Midwifery and Dr. R. J. Johnstone (later Sir Robert Johnstone) Professor of Gynaecology. Professor Lowry had been an unsuccessful applicant for a vacancy on the staff of the Maternity Hospital in 1909 but on his appointment as Professor the Board of Governors invited him to join the staff. In view of the treatment received by his predecessor, Sir John Byers, he only accepted the invitation subject to certain con-

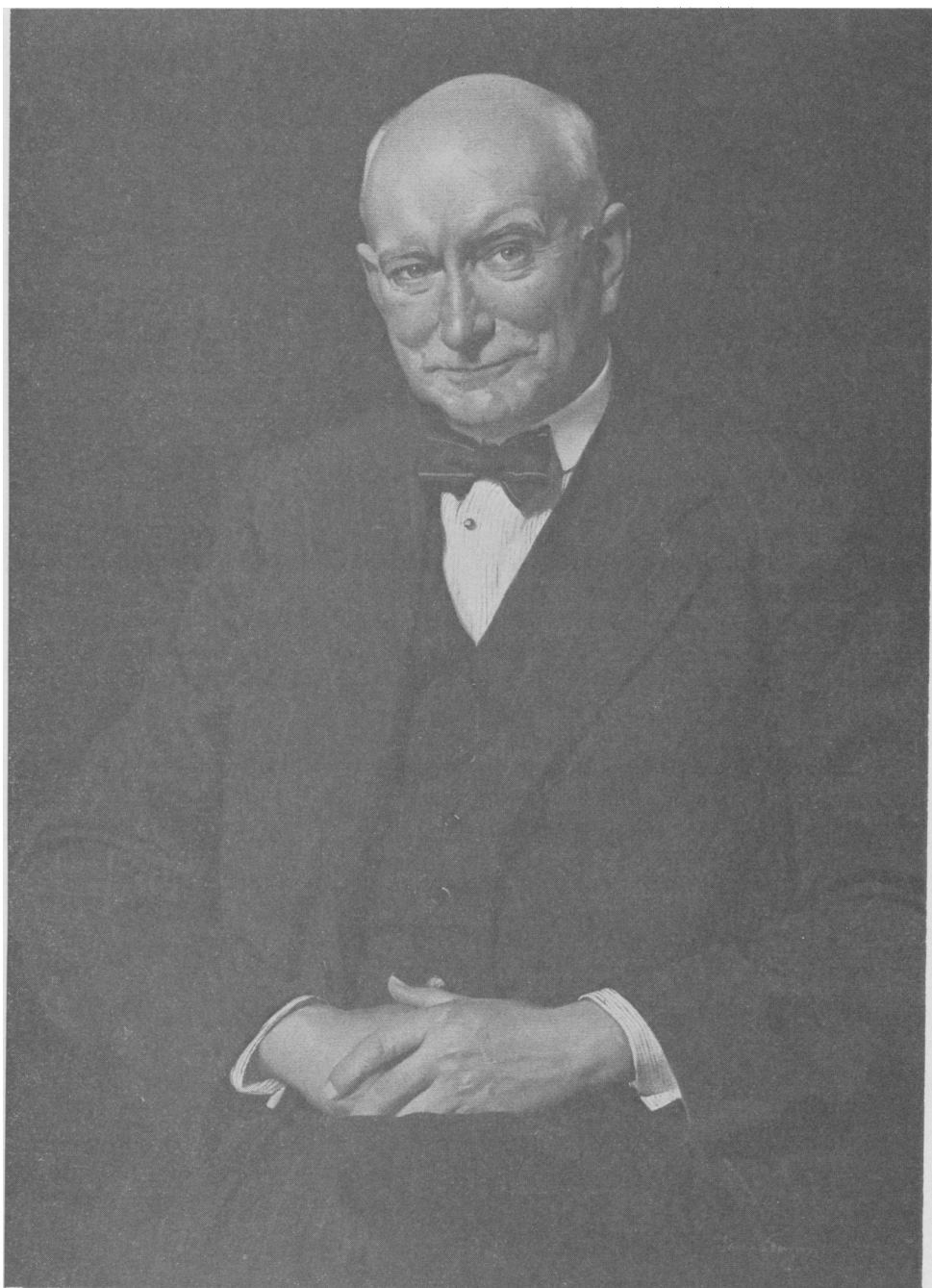


FIG. 3

ditions to which the Governors agreed. One of these was that he should be Chairman of Staff and have access to beds. Professor R. J. Johnstone had been a member of Staff from 1906, but had resigned in 1920 on being appointed to the Chair of Gynaecology, and the other members of Staff were all general practitioners. Professor Lowry arranged a rota of duty for each member of Staff which meant a great deal more work for them. They were not prepared to give this amount of time and service to the hospital and so they resigned.

Professor Lowry's advent on the staff is reminiscent of Professor Burden's. Within five years of his appointment the medical staff had two representatives on the Board of Governors where previously there had been none; an antenatal clinic had been inaugurated; the medical staff with one exception were all consultants, there were four clinical assistants, and the connection with the University had been increased by the appointment in 1923 of a University tutor\* and the opening of a residence for students.

In 1924 the University, at the instigation of Professor Lowry, purchased 64-66 Townsend Street just opposite the hospital. These houses were renovated, one for the accommodation of some nine students and the other for a house-keeper and her husband, Mr. and Mrs. Moorehead, and for the Tutor in Obstetrics. There was no lecture theatre or room large enough to accommodate all the students who wished to attend the Professor's clinical lectures so these were held on the lobby on the first floor of the hospital outside the labour ward and the lying-in wards.

The improvements which took place in the Hospital and in the facilities for students meant that the demand on the accommodation in both departments exceeded any extension possible on the existing site. The medical staff, influenced by Professor Lowry, was anxious for the hospital to be amalgamated with Royal Victoria Hospital, whereas some influential members of the Board of Governors were anxious to ensure that it should not be moved from the site in Townsend Street and actually purchased a neighbouring piece of ground on which the Hospital was to be extended.

From the time of his appointment to the Chair, but especially from about 1925 onwards, Professor Lowry with the help and encouragement of the then Professor of Medicine, Dr. James Lindsay, who at this time was Chairman of the Board of Governors, started a campaign to secure a site in the Royal Victoria Hospital complex.

In 1926 Professor Lowry went to Canada and the U.S.A. at his own expense to see the most recently built maternity hospitals. The Marquis of Dufferin and Ava who at that time was Chairman of the Board of Governors of the Royal Victoria Hospital was about to visit Canada and before he went in 1927 Professor Lowry brought him to see Townsend Street Hospital and on that occasion suggested that the Marquis visit the Maternity Hospital in Toronto as well as some other hospitals that Professor Lowry considered worth visiting. When Lord Dufferin returned he was interviewed by the Press and remarked that "Belfast should be ashamed of its

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\* Dr. C. H. G. Macafee was the first University Tutor in Obstetrics holding the post from 1923 till 1925.

City Hall". When the astonished reporter enquired why, Lord Dufferin replied "A city that has a maternity hospital like Townsend Street and a city hall such as they have should be ashamed".

When Professor Lowry proposed the amalgamation of the Royal Victoria Hospital and the Maternity Hospital at a Staff meeting some time later in 1926 or early 1927, one of the Senior Physicians of the Hospital during the discussion got up and proposed "That this matter be discussed that day a year hence". This was accepted and Professor Lowry's proposal was turned down. His reply was "I always knew that physicians were only interested in obstetricians when their wives were having babies. Now that you are all past that . . . ! ! "

In March, 1927, at an annual meeting of the Maternity Hospital chaired by Professor Lindsay the principal speaker was the Right Honourable John Millar Andrews, Minister of Labour and later Prime Minister. To the surprise of everyone Mr. Andrews pointed out that the present hospital was incapable of dealing with the number of patients presenting themselves and suggested the move to the Royal site from both the clinical and academic aspects. Professor Lowry later recounted how coming out from the meeting he said to Professor Lindsay, "Did you put him up to that?" "No" replied Professor Lindsay, "I thought you had!"

At a special meeting of the Board of Governors of the Maternity Hospital on 6th May, 1927, the following note was made:

"The Right Honourable J. M. Andrews, D.L., the Minister of Labour, who it would be remembered, was one of the principal speakers at the Annual Meeting, had communicated with Professor Lowry and intimated that he was greatly interested in the question of providing adequate maternity hospital accommodation for the City and Province. This had led to an interview with the Chairman (Professor Lindsay) and Professor Lowry at which Mr. Andrews stated that he had come to the conclusion that the best manner of securing increasing accommodation would be to seek amalgamation or absorption by the Royal Victoria Hospital. The Chairman said that he thought that this was a good opportunity to make known to those Governors who were present the suggestion of an important public man like the Minister of Labour, and he thought that while the matter was not one that should or could be rushed it should be quietly ventilated among the Ladies Committee and other friends of the Hospital with the object of ascertaining their views on the proposed amalgamation. Lady Byers was well disposed towards the scheme as also were Mrs. R. Campbell and Mrs. Ewart."

During 1927 Professor Lowry was doing his best to secure the amalgamation of the old Maternity Hospital and the Royal Victoria Hospital. He with Professor Lindsay produced a printed circular which was distributed to the staff and members of the Board of Management of the Royal Victoria Hospital. This circular was entitled: "The Need for Better Maternity Accommodation for Belfast and Northern Ireland." On the front of the copy in the Royal Maternity Hospital deed box is written in Professor Lowry's handwriting: "Circular sent to each member of staff and Board of Management of the Royal Victoria Hospital. Our overture was turned *down* in the first instance but subsequently through the influence of Lord Dufferin and Ava was carried".

This circular was signed for the Incorporated Belfast Maternity Hospital by: — J. A. Lindsay, M.D., Chairman of the Board of Governors, Alice F. Ewart, Hon. Secretery, Edith M. Sinclair, Hon. Treasurer, C. G. Lowry, Chairman of Medical Staff, W. Leslie, F.C.A., Secretary.

The following is a copy of the circular.

## THE NEED FOR BETTER MATERNITY ACCOMMODATION FOR BELFAST AND NORTHERN IRELAND

It is a matter of common knowledge that the last 50 years have witnessed a great advance in Medical and Surgical Science, and a coincident fall in the death rate with increased expectation of life. It is not generally known that the death rate in childbirth has during these 50 years remained almost stationary. In fact up to the last 10 years it was stationary. For example, in the year 1850 the death rate in England and Wales per 1,000 births was 5.5; in 1916 it was 5.06; in 1920 the rate in Ireland was 6.26, and if Northern Ireland be taken separately in that year it was 7.7; in the year 1925, which has been the best in Northern Ireland to date, the rate was 4.4 per 1,000.

The figures "4.4 per 1,000" do not convey very much meaning. It will perhaps explain the matter more clearly if it is pointed out that in the year 1925 150 women in Northern Ireland died in pregnancy and childbirth. This represents 1/10 of all the deaths in women between 20 and 45 years of age—thus three women per week lose their lives in what is the exercise of their highest function. These figures are even worse than they appear.

In the hands of specialists in modern institutions the mortality in pregnancy and childbirth is much lower, in fact almost nil. The public conscience is not sufficiently sensitive to the death rate in childbirth. If 150 women per annum lost their lives in a small area like Northern Ireland by some epidemic disease, of unknown cause and with an unusual name, very serious notice would be taken of it. In large areas like England and Wales the total deaths due directly to pregnancy and labour verge at the present time on 3,000 per annum; in the year 1914 they reached the large number of 3,667.

## HOW IS THIS STATE OF AFFAIRS TO BE REMEDIED?

### 1. *By better and more ample hospital accommodation*

In this respect Belfast is seriously behind. The following comparative statement shows the population of eight leading centres, and the number of beds available for clinical instruction in Midwifery.

	<i>Population</i>	<i>Beds</i>
Dublin	400,000 approx.	255
Glasgow	1,034,000	108
Edinburgh	420,000	104
Newcastle on Tyne	275,000	70
Cardiff	200,000	50
Leeds	458,000	50
Bradford	286,000	42
Belfast	414,000	26

Poor Law institutions and rescue homes are not included for any centre. Edinburgh and Cardiff at present have schemes on foot to enlarge their accommodation considerably. Belfast, as the capital of a State, has now responsibilities which it had not in the past, and is more and more a resort for complicated and serious cases from the different parts of the counties.

## *2. The provision of better educational facilities for students and nurses*

A point which should need no elaboration is the fact that the modern hospital is not only a resort for the sick, but an educational institution where the rising generation of students and nurses receive a training which will enable them in their turn to be of service to the community. Of no type of hospital can this be more truly said than a Maternity Hospital. Whilst the well-to-do will seldom have any cause to resort to it, the attendance that they receive in their own houses will, in great measure, reflect the standard of work that is possible in their local institution. If a maternity hospital is inadequate in teaching facilities, it is inevitable that the students and nurses that pass through it will not have as good opportunities of pursuing their education as those more fortunately placed.

In the most up-to-date centres of medical education it is realised that the teaching of medicine, surgery and midwifery is best carried on in closely affiliated and adjacent institutions. Three of the most advanced best equipped schools on the American Continent—the Royal Victoria Hospital, Montreal; the Toronto General Hospital and the Johns Hopkins Hospital, Baltimore—have already adopted this arrangement. The Johns Hopkins Hospital and the Toronto General Hospital have had the plan in operation for over 20 years, but the maternity portion of the Royal Victoria Hospital, Montreal, has only been officially opened within the last 12 months, and in connection with it there is now a Maternity and Gynaecology Building containing 240 beds. Many London Hospitals, St. Thomas' Hospital and the Middlesex Hospital, have all within recent years opened maternity departments; whilst in Edinburgh, one of the most respected Schools of Medicine in the Country, a step further has been taken in that a new Maternity Hospital will be built in the near future on a site adjacent to the Royal Infirmary, and an amalgamation has been affected between the Boards of Management of the two hospitals and of the medical staffs. This principle is also being adopted in the new medical centre which is being built in connection with the Medical School of Columbia University,

New York. At Riverside Drive a huge institution is in the course of erection. It will amalgamate the Presbyterian which is a General Medical and Surgical Institution, with the Sloane Hospital for Women. A Children's Clinic and a Neurological Clinic are also included in this scheme. When it is completed the teaching facilities of the Medical Faculty of Columbia University will be the most up-to-date in the world.

## THE ADVANTAGES OF THIS ARRANGEMENT ARE FOURFOLD

### 1. *To the patient*

Midwifery, no more than any other department of medicine, can be regarded as a watertight compartment. To achieve the best results for our patients, the services not only of the obstetrician but of the physician, the radiologist and the biochemist are frequently required. Such collaboration can only be secured in a large general hospital. In an institution where these various specialities are represented on the staff valuable time can be saved and more perfect equipment made available at less expense.

### 2. *Economy*

The funds available can be more economically spent where there is a central organisation for administration; this scarcely needs to be elaborated. The 436 beds of the Royal Victoria Hospital cost about £129 per head per annum. In the Maternity Hospital with 26 beds, although the strictest economy is practised, and our work is not so expensive as that demanded by modern surgery and metabolic medicine, the cost is £175 per bed per annum. This higher figure is the inevitable result of the very much smaller number of beds over which the costs are distributed.

### 3. *The education of students*

The education of students would be greatly facilitated by their obstetrical training being obtained in the same institution as that in which they receive their medical and surgical instruction. The waste of time which takes place in going between various widely separated institutions would be obviated. In no type of medical practice are emergencies so apt to occur as in obstetrics and with the students on the spot there would be a great chance of unusual or difficult cases being available for demonstration and teaching. Furthermore with obstetrics being pursued in different institutions there is a tendency for the various subjects in the medical curriculum to be divorced in the student's mind. Subconsciously he regards the practice of medicine and surgery as governed by principles quite distinct from midwifery and vice-versa, whereas the teaching of all subjects in the same institution would demonstrate the essential unity of all branches of medical knowledge.

### 4. *The education of nurses*

The education of nurses in obstetrics would be greatly facilitated. At the present time it is the exception rather than the rule for a general trained nurse in this country to take out her maternity training. In the case of fully trained

nurses this can be gained after six months additional training. An institution which can give the complete training will be an attraction, and it would ensure that those seeking the Maternity Diploma have already had a good foundation on which to build. In this respect the American and Canadian trained nurses are at a considerable advantage as they receive their obstetrical training while still probationers. This is of advantage to the nurse and to obstetrics generally, as the trained nurse makes a more efficient midwife than her untrained sister.

The Governors and staff of the Maternity Hospital are now faced with a serious problem. The Hospital was founded in 1793. It is one of the oldest charities in the city, and has a long and honourable career to its credit. The accompanying graph shows the great increase in its activities during the last 20 years.

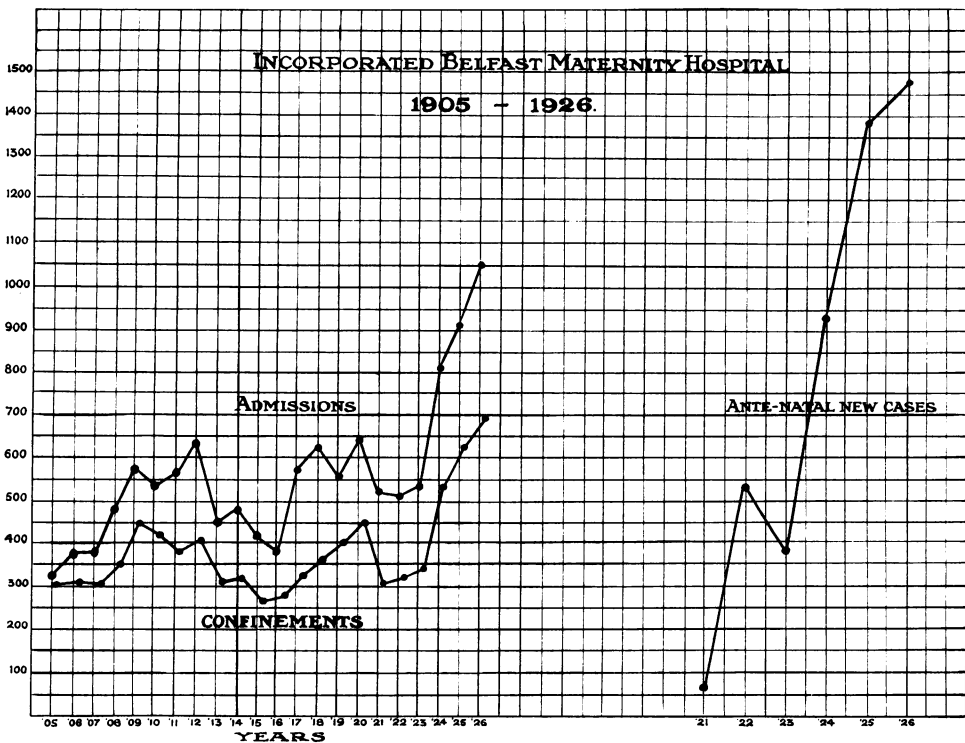


FIG. 4

In 1906 the total admissions were 375; in 1926 – 1050 (Figure 4). The Antenatal Department was opened in 1921. In 1923, 380 new cases were examined; three years later 1,477 (new cases) passed through the department. In 1926 the Infant Clinic was opened and this has already done good work. The numbers dealt with are increasing rapidly. There has been a corresponding increase in the number of students. In 1920 only 10 students



attended the Hospital. In 1926 we had between 60–70. In spite of this increase in the activities of the Hospital, the number of beds is the same as it was when the present Hospital was opened in 1903. The very success of the Hospital has become an embarrassment to those who are responsible for its management. They realise that the time has come when a forward move must be made or they will fail in their responsibilities to the community and to obstetric education. They feel that largely increased accommodation for patients, students and nurses is imperative if the Province and Medical School are not to remain behind other communities.

The Governors, after serious consideration, are convinced that an amalgamation with the Royal Victoria Hospital would best promote that efficiency, economy and educational advantages which are the primary functions of a hospital.

If this opportunity be allowed to pass there is little hope of ever effecting the consolidation of our resources and efforts which those in the forefront of medical education elsewhere recognise as so desirable.

The income of the Maternity Hospital is derived partly from annual subscriptions and partly from dividends and donations and a small amount from patient's contributions. It also receives £750 per annum from the Belfast Corporation as a contribution to the work of the Antenatal Department. Its total income for the year 1926 from these various sources was over £4,600. If all its resources were liquidated it is reckoned that they would realise approximately £25,000. This would represent about one-fourth of the cost of providing an adequate Maternity Block. The Governors are confident that substantial help would be forthcoming from the public if the plan of amalgamating the two hospitals were carried into effect.

The essential fact which cannot be evaded is the high death rate amongst mothers and expectant mothers. When we realise the importance of the mother to her children, her husband and the State, it is almost incredible that any effort should be spared that would rob childbearing of many of its inherent risks. Surely the men of Belfast and Ulster do not think less highly of their womenfolk than the men of Baltimore, Montreal or Toronto, or to come nearer to home of Dublin, Glasgow, Edinburgh or Liverpool.

The Maternity Hospital would welcome amalgamation with the Royal Victoria Hospital as the easiest, most economical and the most efficient method of meeting an urgent public need, and of removing a state of things which is an opprobrium to this city and province.

For Incorporated Belfast Maternity Hospital.

J. H. Lindsay, M.D., Chairman of the Board of Governors.

Alice F. Ewart, Hon. Secretary.

Edith M. Sinclair, Hon. Treasurer.

C. G. Lowry, M.D., Chairman of Medical Staff.

W. Leslie, F.C.A., Secretary.

Townsend Street,  
Belfast.

June, 1927.

In this memorandum great stress is laid on the question of amalgamation but when the matter was finally settled the new hospital was referred to as the Royal Maternity Hospital and not the Maternity Department of the Royal Victoria Hospital.

On 24th April, 1972, Sir William McKinney, who in 1933 was Hon. Treasurer of the Royal Victoria Hospital, told me that this was done deliberately because it was felt that there might be people who would bequeath money to the Royal Maternity Hospital as an independent hospital who would not bequeath money to a Maternity Department.

In assessing their assets at £25,000 the Governors probably included what they hoped to get for the hospital building. I was astonished to find in the Minutes of the Board of Governors that when the time came to sell the Hospital the only prospective purchaser was Melville & Co., next door. They would only offer £1,000. As no other potential customer appeared the Board had to accept Melville's bid although I expect they thought they would get a great deal more.

Following this Professor Lowry began to appeal to his colleagues in Canada for their help and the following is a copy of a letter sent to Professor Chipman of Montreal.

30th July, 1927.

Dear Professor Chipman,

Since my return from Canada last year I have been engaged in propaganda work with the view of getting a new Maternity Hospital, preferably in connection with the Royal Victoria Hospital where there is ample ground and space to erect the building. I have got the length of the staffs of both hospitals agreeing to the amalgamation, the majority of the Maternity staff are on the Royal staff also which was a help. There is, however, some opposition from some members of the lay Board of the Royal. The Chairman of the lay Board of the Royal is the Marquis of Dufferin and Ava, and I have learned he is visiting Montreal in September . . . I showed him over our Maternity today, which is a very antiquated building, and I asked him if he would make it his business to see the Montreal Maternity while he was in Canada. I think the striking contrast would be a decided object lesson for him. I told him I would write to you. Would it be too much to ask you, or in your absence one of your assistants, to demonstrate what a modern hospital should be? . . . . If you could do a little propaganda showing the educational advantages of the proximity of the two hospitals and the Ross Pavilion I think it would be very helpful". (The rest of the letter deals with salmon fishing).

On the same day and along the same lines he wrote to Professor Hendry of Toronto.

The Marquis visited both the Montreal and Toronto Maternity Hospitals and these visits may have been responsible for the remark he made to the newspaper reporter (which I have already quoted) when he returned to Belfast. The circular quoted above sent to each member of the Medical Staff and Board of Management of the Royal Victoria Hospital is dated June, 1927, and yet in writing these letters to Professor Chipman and Hendry in July Professor Lowry is able to state that he has the support of the Medical Staff of both hospitals. As already mentioned, on

the front of the circular in Professor Lowry's handwriting, are the words "our overture was turned down" so that an earlier approach than June, 1927, must have been made.

For the following details I am indebted to Dr. R. S. Allison, archivist to the Royal Victoria Hospital.

At the Annual Meeting of the Royal Victoria Hospital held on 20th March, 1927, with the Marquis of Dufferin and Ava in the Chair, as part of his speech he said: "They would never rest until they had a Maternity Hospital built as part of that Hospital (the Royal) which could be a credit to the whole of the Province".

Dr. Livingstone, Vice-Chancellor of Queen's, in seconding the adoption of the Reports said "they had in Belfast accommodation for maternity work which was quite inadequate to their needs and unworthy of a city the size of Belfast. They would have in the future, if the proposed scheme went through, a Maternity Hospital of which they could feel proud and one which would meet the needs of those it was intended to serve . . . It was important to see that doctors were well equipped, and it was that need which the proposals of amalgamation designed to meet . . . If the maternity scheme materialised they would be in a position to send out properly trained and properly equipped people for their work."

On the 5th July at a Staff Meeting of the Royal the proposed amalgamation of the Maternity Hospital and the Royal Victoria Hospital was discussed. It is stated "The Staff then carefully considered the questions referred to them by a special Committee of the Board and replied to their questions as follows:

#### PROPOSED AMALGAMATION OF MATERNITY WITH ROYAL VICTORIA HOSPITAL

##### *Questions for Discussion*

1. The real question at issue is, whether the public interest could be better served, and the objective as to teaching schools attained, if local Hospitals under strong Boards of Management retained their individuality or by amalgamation with a central hospital such as Royal Victoria Hospital.
2. Is it the view of the Committee that the same measure of public support would be extended to one great Hospital under one Board of Management assuming one or more local Hospitals were merged with the Royal Victoria Hospital, as is at present given to local Hospitals with their individual Boards of Management and coterie of workers specially interested in, and working for, each Hospital?
3. Assuming the Maternity Hospital had a re-constituted and energetic Board of Management, and was able on its own initiative to raise the capital sum required £50,000 for a 50 bed Hospital or £100,000 for 100 bed Hospital, would its teaching school fill the same requirements as if such a 50 or 100 bed Department was established in connection with the Royal Victoria Hospital?
4. The amalgamation of Maternity with Royal Victoria Hospital if effected would delay indefinitely extension of the present work of the Royal Vic-

toria Hospital as the raising of capital sums such as £50,000 or £100,000 and the relatively increased cost of maintenance (£7,000 to £14,000 per annum) must be viewed as difficult, except after, considerable intervals of time. In this regard serious dissatisfaction would probably arise with Working Class subscribers if the Board of the Royal Victoria Hospital found it impossible for financial reasons to extend its present departments.

5. Is the medical staff of the Royal Victoria Hospital in favour of establishing a Maternity Department in preference to that of a Pay Patients Department, as a decision in favour of the former would put out of court indefinitely the establishment of the latter?
6. It is assumed that present individual subscribers and work people would increase their contributions to the Royal Victoria Hospital in the event of its acceptance of the increased responsibility establishing a Maternity Department?
7. Is it anticipated the annual subscribers and supporters of the Maternity Hospital will transfer their support to the Royal Victoria Hospital in the event of its being merged therewith?
8. In event of amalgamation, would Working Class subscribers be likely to take the view that their female relatives were eligible for admission to the Maternity Department?
9. If the Committee decide in favour of recommending a Maternity Department an effort should be made to obtain £100,000 with the hope that £50,000 would be subscribed, in which event if the additional income was not forthcoming donations and bequests (unless specifically earmarked) could be temporarily used as income, instead of adding to Endowment Fund as at present.

These propositions were put to a meeting of the Medical Staff on 28th September, 1927, and the following points figured in the reply :

#### AMALGAMATION OF MATERNITY AND ROYAL VICTORIA HOSPITAL

1. The Staff are unanimously of the opinion that as a great General Hospital we are incomplete without a Maternity Department; the establishment of such a Department would be in the interest of our Medical School and of our Nurses, to whom we could give special facilities for an up-to-date maternity training. The association of our Ophthalmic Department would also greatly facilitate treatment of those serious eye affections which are apt to arise in infants.
3. Only on the assumption that it was built as close as possible to the Royal Victoria Hospital and had the benefit of the Special Departments of the Royal Victoria Hospital.
5. The Medical Staff is of opinion that the erection of an up-to-date Maternity Hospital is an even more urgent question than the provision of a Pay Patients Department.

8. In view of the present attitude of the British Medical Association it would not be advisable to further extend the privilege attached to the Working Man Subscribers System.

A. B. Mitchell. 28/9/27.

It would appear that the stumbling block as far as the lay members of the Board were concerned was that the amalgamation would delay the establishment of a private patients block. This was ultimately established through the generosity of two families as the Musgrave and Clarke Clinic. However the approval of the Staff as shown in the Minute signed A. B. Mitchell on 28/9/27 meant that Professor Lowry's efforts from 1921–1927 were being rewarded. On the 10th January, 1928, he again wrote to Professor Chipman as follows: —

“Dear Professor Chipman,

You will be glad to know that the amalgamation of the Royal Victoria Hospital in this City, and the Maternity Hospital is now “un fait accompli”. The eye opener that Lord Dufferin got in Montreal and Toronto attributed in no small degree to this happy result. We are now getting out plans etc. We propose to have 100 beds for obstetrics and, if the money comes in in sufficient amount, to have 50 beds for gynaecology and to transfer the gynaecological unit from the Royal Victoria Hospital into the new building.”

(The letter goes on to ask if Professor Chipman has any plans he could lend us and also to say that “Mr. Greer will go to Montreal to see your Hospital”.)

There are other letters requesting copies of plans from Superintendents in Detroit, Connecticut, New Jersey and Rhode Island.

Having accomplished all this the next thing was to find £100,000 to build the hospital. The Professor was fortunate in that he had been able to interest the then Duchess of Abercorn, wife of the first Governor of Northern Ireland, in the project. She launched the Appeal on 16th May, 1928, in the City Hall and at this meeting Professor Lowry was the principal speaker. A great deal of his speech (of which I have a copy in my possession) was taken out of the memorandum circulated to the Medical Staff and members of the Board of the Royal Victoria Hospital in June, 1927, but in appealing to the menfolk of Northern Ireland to respond with good donations he finished by quoting a portion of John Masefield's poem dedicated to his Mother:

“What have I done to keep in mind,  
My debt to her and womankind?  
What woman's happier life repays  
Her for those months of wretched days?  
What have I done or tried or said

I think I am right in saying that by the time the hospital was opened the necessary money was available but not sufficient for 50 gynaecological beds.

On 31st October, 1933, the Royal Maternity Hospital was officially opened by Mrs. Stanley Baldwin but patients had been admitted since July, 1933. The selection of Mrs. Baldwin as the official opener was due to her interest in the

National Birthday Trust which at that time was greatly involved in investigating the relief of pain in childbirth.

At the opening the Chair was taken by Sir Robert Johnstone, Chairman of the Board of Management at the time. Professor Lowry who, in spite of all the work he had done, was not a member of the platform party and was seated fairly far back in the body of the tent. When the Duchess of Abercorn got up to speak she referred to Professor Lowry and turned round thinking he was on the platform. When she did not see him she said "Where is the Professor?" to find he was near the back of the audience.

With the establishment of the Maternity Hospital behind him Professor Lowry proceeded to try to form an academic department. This was very difficult; all he had was share of a lecture theatre in the old Anatomy building (now demolished) at Queen's and a retiring room in which to put his coat. When the Maternity Hospital was built it included a lecture room for students and nurses with adjoining rooms for a library and a nurses tutorial room. This accommodation was used extensively in the teaching of both students and nurses.

Professor R. J. Johnstone was appointed Professor of Gynaecology in 1921 but from 1926 had only a part-time lecturer, myself. He gave his University lectures in the same theatre as Professor Lowry and his clinical teaching was done at the Royal Victoria Hospital. He had been on the staff of the Belfast Maternity Hospital from 1906 to 1920 but on appointment to the Chair of Gynaecology he resigned from the Staff in 1921. He did not cease to have an interest in the developments occurring under the guidance of Professor Lowry and when the Royal Maternity Hospital was opened in 1933 he became the Chairman of its first Committee of Management. He was Senior Gynaecologist on the Staff of the Royal Victoria Hospital where he carried out his clinical instruction of students. He had many interests outside medicine especially after he became a member of the Northern Ireland Government. He chaired a Committee on Primary Education for Northern Ireland on the report of which was based the Education Act a few years later. He retired from the Chair in 1937 having reached the age of 65. Few men could have looked forward with more zest to the leisure which seemed to lie ahead. He was very active physically and intellectually for his years with the prospect of important political interests impending. He was however stricken by a fatal illness from which he died in October, 1938.

On his retirement the two Chairs were again fused Professor Lowry becoming professor of Midwifery and Gynaecology and the University allowed him two part-time lecturers, Mr. H. I. McClure and myself. With his guidance and encouragement publications from the Department began to appear.

Especially from 1937 to 1945, when he retired at the age of 65 years, Professor Lowry supervised and developed the teaching and training of students and post-graduates and raised the reputation of the Department to a high level. In the 24 years in which he had been in the Chair he had taught over 2,000 students. He had made a great contribution to the establishment of a standard of clinical teaching which was recognised as one of the highest not only in the United Kingdom but also in North America. By the success of his efforts to have the Royal Maternity Hospital

built in close proximity to the Royal Victoria Hospital he had, unknowingly, laid a foundation on which modern academic Departments of Midwifery and Gynaecology could be built.

One had to remember that, although he did not contribute much to the literature of his subject, he was only a part-time professor at a salary of £350 per annum. He had only two part-time lecturers, who like himself were in private practice, and there was no physical department in which to work. His tutor in obstetrics was relatively junior and was the only whole time member of the academic staff.

No history of the Department of Midwifery and Gynaecology would be complete without reference to the participation and help of Professor James A. Lindsay, Professor of Medicine 1899–1923. Physicians from time immemorial have been the bitter opponents of obstetricians, but we have reaped the benefit of having had, fortunately for us, at one stage in the history of the Department a physician gifted with long vision. Professor Lindsay, in his capacity as Chairman of the Board of Governors of the Maternity Hospital and of the Board of Management of the Royal Victoria Hospital, was an ideal person to further the prospect of the move to the Royal site, which was so essential to the development of the University Department of Midwifery and Gynaecology. His quiet disposition, unruffled temper in debate, and his enthusiasm smoothed out many a difficulty. The development of the Dental Department was another project in which Professor Lindsay and Professor Lowry took an active part.

In 1945 Professor Lowry was succeeded by Professor Macafee, who was a full-time professor with limited private practice. The limitation meant that the professor's private practice had to be done either in the Musgrave and Clark Clinic or in Johnstone House in the Royal Maternity Hospital. This arrangement became an intolerable burden and in 1950, two years after the establishment of the National Health Service, the Chair of Midwifery and Gynaecology, like that of Medicine and Surgery, became a whole time appointment.

There was by this stage, the prospect of an actual department being available because the Institute of Clinical Science was in the process of being built providing accommodation for Medicine, Surgery, Midwifery and Gynaecology, Social and Preventive Medicine, Therapeutics and Child Health. Incorporated in this building, which was in use from late 1953, was the Medical Library. The changes in the practice and scientific approach to the subject of Midwifery and Gynaecology since 1950 are so great that they would almost deserve a thesis on their own.

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